

State of Utah
Administrative Rule Analysis

NOTICE OF PROPOSED RULE

The agency identified below in box 1 provides notice of proposed rule change pursuant to *Utah Code* Sections 63-46a-4. Please address questions regarding information on this notice to the agency. The full text of all rule filings is published in the *Utah State Bulletin* unless excluded because of space constraints. The full text of all rule filings may also be inspected at the Division of Administrative Rules.

DAR file no:		Date filed:	
Utah Admin. Code ref. (R no.):	R156-31b	Time filed:	
Changed to Admin. Code Ref. (R no.):			
1.	Agency: Commerce/Division of Occupational and Professional Licensing		
	Room no.:		
	Building: Heber M. Wells Building		
	Street address 1: 160 East 300 South		
	Street address 2:		
	City, state, zip: Salt Lake City UT 84111-2316		
	Mailing address 1: PO Box 146741		
	Mailing address 2:		
	City, state, zip: Salt Lake City UT 84114-6741		
	Contact person(s):		
	Name:	Phone:	Fax:
	Laura Poe	801-530-6789	801-530-6511
(Interested persons may inspect this filing at the above address or at DAR between 8:00 a.m. and 5:00 p.m. on business days.)			
2.	Title of rule or section (catchline):		
	Nurse Practice Act Rule		
3.	Type of notice:		
	New ___; Amendment XX; Repeal ___; Repeal and Reenact ___		
4.	Purpose of the rule or reason for the change:		
	The Division and Nursing Board are proposing amendments to the rule to implement HB 399 which was passed during the 2008 General Session of the Legislature with respect to Medication Aides-Certified. The proposed amendments establish and clarify the requirements for certification as a medication aide and establish a process for training programs to be approved by the Division. The proposed amendments also establish a model curriculum based upon the model curriculum adopted by the 2007 Delegate Assembly of the National Council of State Boards of Nursing.		
5.	This change is a response to comments from the Administrative Rules Review Committee.		
	Yes ___; No XX		
6.	Summary of the rule change:		

	<p>Section 102: Adds the acronym "MA-C" to mean a medication aide-certified. Section 302c: Establishes the examination required to become a MA-C as the Utah Medication Aide Certification Examination and sets the minimum pass rate at 75%. Section 303: Establishes the requirement for a MA-C to complete 16 contact hours of continuing education related to medication administration and medications to qualify for renewal of the certification. Section 801: New section establishes the protocols that must be followed by a MA-C when administering medications and establishes routes of medication administration that cannot be used by the MA-C. Section 802: New section establishes the process and standards that must be met in order for a facility, association or educational institution to offer a MA-C training program. Section 803: New section establishes a model curriculum that must be followed, as a minimum, to be approved as a training program. The curriculum is based on a national model adopted by the National Council of State Boards of Nursing.</p>
7.	<p>Aggregate anticipated cost or savings to:</p> <p>A) State budget:</p> <p>The Division will incur minimal costs of approximately \$100 to reprint the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the division's current budget. State schools desiring to offer the MA-C training program will need to follow the model curriculum and have the necessary human and fiscal resources necessary to offer the program. The cost to operate an MA-C training program is unknown at this time. However, the schools who have indicated an interest in offering a program, currently offer the certified nurse aide program and can use the same facilities, supplies, and faculty currently involved in the assistant program so the costs should be minimal.</p> <p>B) Local government:</p> <p>There should be little or no effect on local government as a result of the proposed amendments. Local governments do not operate nursing education programs and few operate any kind of health care facilities. However, if a local government ran a regulated facility, the use of an MA-C may save money because the MA-C could administer medications under the supervision of a nurse and the facility would not be required to hire another nurse to administer medications.</p> <p>C) Small businesses (fewer than 50 employees) AND persons other than businesses:</p> <p>Small business and Persons: A regulated facility may use the MA-C in addition to existing staff, thus lessening the burden on the nurses. Given there is a shortage of nurses throughout the state, the utilization of an MA-C under appropriate nurse supervision could save facilities personnel costs. If a regulated facility chooses to cover the costs of the training and examination as a benefit to their staff or as a recruitment/retention incentive, the facility would be responsible for those costs. Otherwise, the MA-C would be responsible to pay the costs incurred to become certified. It is estimated that the cost of the MA-C training and examination will be similar to that of the certified nurse aide. Training programs offered within educational institutions and associations/organizations charge between \$280 and \$400 for the course. The examination is estimated to cost between \$58 and \$70. Although the training and examination to become a MA-C will cost approximately between \$360 and \$470, the ability to utilize this type of provider to help with the administration of medications will more than offset any of the certification costs. The Division is not able to determine how many persons will apply for certification as a medication aide-certified.</p>
8.	<p>Compliance costs for affected persons ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization or any character other than an agency):</p> <p>As indicated above, the training and examination costs are expected between \$360 and \$470 per applicant for certification as a medication aide-certified. The MA-C application fee is \$89 and the two year renewal fee is \$42. However, a person certified as an MA-C is expected to make at least \$1.00/hour more than a certified nursing assistant. Hence, costs incurred could be recouped within a two month period of time.</p>
9.	<p>Comments by the department head on the fiscal impact the rule may have on businesses:</p>

	This rule filing implements HB 399 passed during the 2008 Legislative Session regarding Medication Aides-Certified. No fiscal impact to businesses is anticipated beyond those addressed by the Legislature in passing HB 399 and those addressed in the rule summary. Francine A. Giani, Executive Director														
10.	This rule change is authorized or mandated by state law, and implements or interprets the following state and federal laws. State code or constitution citations (required): Section 58-31b-101 and Subsections 58-1-106(1)(a) and 58-1-202(1)(a)														
11.	This rule adds, updates, or otherwise changes the following titles of materials incorporated by references (a copy of materials incorporated by reference must be submitted to DAR; if none, leave blank): 														
12.	The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. The agency is required to hold a hearing if it receives requests from ten interested persons or from an association having not fewer than ten members. Additionally, the request must be received by the agency not more than 15 days after the publication of this rule in the <i>Utah State Bulletin</i> . See Section 63-46a-5 and Rule R15-1 for more information.) A) Comments will be accepted until 5:00 p.m. on (mm/dd/yyyy): 08/14/2008 B) A public hearing (optional) will be held: <table border="1"> <thead> <tr> <th>on (mm/dd/yyyy):</th><th>at (time):</th><th>At (place):</th></tr> </thead> <tbody> <tr> <td>07/18/2008</td><td>1:00 pm</td><td>160 East 300 South, Conference Room 474 (4th floor), Salt Lake City, Utah</td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table>			on (mm/dd/yyyy):	at (time):	At (place):	07/18/2008	1:00 pm	160 East 300 South, Conference Room 474 (4th floor), Salt Lake City, Utah						
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13.	This rule change may become effective on (mm/dd/yyyy):		08/21/2008												
	NOTE: The date above is the date on which this rule MAY become effective. It is <i>NOT</i> the effective date. After the date designated in Box 12(A) above, the agency <i>must</i> submit a Notice of Effective Date to the Division of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.														
14.	Indexing information -- keywords (maximum of four, in lower case, except for acronyms (e.g., "NASA") or proper nouns (e.g., "Medicaid")): <table border="1"> <tr> <td>licensing</td><td>nurses</td></tr> <tr> <td></td><td></td></tr> </table>			licensing	nurses										
licensing	nurses														
15.	Attach an RTF document containing the text of this rule change (filename):		R156-31b.pro												
To the agency: Information requested on this form is required by Sections 63-46a-4, 5, 6, and 10. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the <i>Utah State Bulletin</i> , and delaying the first possible effective date.															
AGENCY AUTHORIZATION															
Agency head or designee, and title:		F. David Stanley, Director	Date (mm/dd/yyyy): 06/17/2008												

R156. Commerce, Occupational and Professional Licensing.

R156-31b. Nurse Practice Act Rule.

R156-31b-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in this rule:

(1) "Affiliated with an institution of higher education", as used in Subsection 58-31b-601(1), means the general and science education courses required as part of a nursing education program are provided by an educational institution which is approved by the Board of Regents or an equivalent governmental agency in another state or a private educational institution which is regionally accredited by an accrediting board recognized by the Council for Higher Education Accreditation of the American Council on Education; and the nursing program and the institution of higher education are affiliated with each other as evidenced by a written contract or memorandum of understanding.

(2) "APRN" means an advanced practice registered nurse.

(3) "APRN-CRNA" means an advanced practice registered nurse specializing and certified as a certified registered nurse anesthetist.

(4) "Approved continuing education" in Subsection R156-31b-303(3) means:

(a) continuing education that has been approved by a professional nationally recognized approver of health related continuing education;

(b) nursing education courses taken from an approved education program as defined in Section R156-31b-601; and

(c) health related course work taken from an educational institution accredited by a regional institutional accrediting body identified in the "Accredited Institutions of Postsecondary Education", 2006-2007 edition, published by the American Council on Education.

(5) "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to include any nursing education program published in the documents entitled "Directory of Accredited Nursing Programs", 2006-2007, published by the National League for Nursing Accrediting Commission, which are hereby adopted and incorporated by reference as a part of this rule.

(6) "CCNE" means the Commission on Collegiate Nursing Education.

(7) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

(8) "COA", as used in this rule, means the Council of Accreditation of Nurse Anesthesia Education Programs.

(9) "Clinical mentor/preceptor", as used in Section R156-31b-607, means an individual who is employed by a clinical health care facility and is chosen by that agency, in collaboration with the Parent-Program, to provide direct, on-site supervision and direction to a nursing student who is engaged in a clinical rotation, and who is accountable to both the clinical agency and the supervisory clinical faculty member.

(10) "Comprehensive nursing assessment", as used in Section R156-31b-704, means an extensive data collection (initial and ongoing) for

individuals, families, groups and communities addressing anticipated changes in patient conditions as well as emergent changes in patient's health status; recognizing alterations to previous patient conditions; synthesizing the biological, psychological, spiritual and social aspects of the patient's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and identification of health care needs; plan nursing interventions, evaluate need for different interventions and the need to communicate and consult with other health team members.

(11) "Contact hour" means 60 minutes.

(12) "Delegatee", as used in Sections R156-31b-701 and 701a, means one or more competent persons receiving a delegation who acts in a complementary role to the delegating nurse, who has been trained appropriately for the task delegated, and whom the delegating nurse authorizes to perform a task that the delegates is not otherwise authorized to perform.

(13) "Delegation" means transferring to delegates the authority to perform a selected nursing task in a selected situation. The delegating nurse retains accountability for the delegation.

(14) "Delegation", as used in Sections R156-31b-701 and 701a, means the nurse making the delegation.

(15) "Diabetes medical management plan (DMMP)", as used in this rule, means an individualized plan that describes the health care services that the student is to receive at school. The plan is developed and signed by the student's parent or guardian and health care team. It provides the school with information regarding how the student will manage diabetes at school on a daily basis. The DMMP shall be incorporated into and shall become a part of the student's IHP.

(16) "Direct supervision" is the supervision required in Subsection 58-31b-306(1)(a)(iii) and means:

(a) the person providing supervision shall be available on the premises at which the supervise is engaged in practice; or

(b) if the supervise is specializing in psychiatric mental health nursing, the supervisor may be remote from the supervise if there is personal direct voice communication between the two prior to prescribing a prescription drug.

(17) "Disruptive behavior", as used in this rule, means conduct, whether verbal or physical, that is demeaning, outrageous, or malicious and that places at risk patient care or the process of delivering quality patient care. Disruptive behavior does not include criticism that is offered in good faith with the aim of improving patient care.

(18) "Focused nursing assessment", as used in Section R156-31b-703, means an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the registered nurse, supporting ongoing data collection and deciding who needs to be informed of the information and when to inform.

(19) "Individualized healthcare plan (IHP)", as used in Section R156-

31b-701a, means a plan for managing the health needs of a specific student, written and reviewed at least annually by a school nurse. The IHP is developed by a nurse working in a school setting in conjunction with the student and the student's parent or guardian to guide school personnel in the care of a student with medical needs. The plan shall be based on the student's practitioner's orders for the administration of medications or treatments for the student, or the student's DMMP.

(20) "Licensure by equivalency" as used in this rule means licensure as a licensed practical nurse after successful completion of course work in a registered nurse program which meets the criteria established in Sections R156-31b-601 and R156-31b-603.

(21) "LPN" means a licensed practical nurse.

(22) "MA-C" means a medication aide - certified.

~~(22)~~ (23) "Medication", as used in Sections R156-31b-701 and 701a, means any prescription or nonprescription drug as defined in Subsections 58-17b-102(39) and (61) of the Pharmacy Practice Act.

~~(23)~~ (24) "NLNAC" means the National League for Nursing Accrediting Commission.

~~(24)~~ (25) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

~~(25)~~ (26) "Non-approved education program" means any foreign nurse education program.

~~(26)~~ (27) "Nurse", as used in this rule, means an individual licensed under Title 58, Chapter 31b as a licensed practical nurse, registered nurse, advanced practice registered nurse, or advanced practice registered nurse-certified registered nurse anesthetist, or a certified nurse midwife licensed under Title 58, Chapter 44a.

~~(27)~~ (28) "Other specified health care professionals", as used in Subsection 58-31b-102(15), who may direct the licensed practical nurse means:

- (a) advanced practice registered nurse;
- (b) certified nurse midwife;
- (c) chiropractic physician;
- (d) dentist;
- (e) osteopathic physician;
- (f) physician assistant;
- (g) podiatric physician;
- (h) optometrist;
- (i) naturopathic physician; or
- (j) mental health therapist as defined in Subsection 58-60-102(5).

~~(28)~~ (29) "Parent-program", as used in Section R156-31b-

607, means a nationally accredited, Board of Nursing approved nursing education program that is providing nursing education (didactic, clinical or both) to a student and is responsible for the education program curriculum, and program and student policies.

(~~[29]~~30) "Patient", as used in this rule, means a recipient of nursing care and includes students in a school setting or clients of a health care facility, clinic, or practitioner.

(~~[30]~~31) "Patient surrogate", as used in Subsection R156-31b-502(4), means an individual who has legal authority to act on behalf of the patient when the patient is unable to act or decide for himself, including a parent, foster parent, legal guardian, or a person designated in a power of attorney.

(~~[31]~~32) "Psychiatric mental health nursing specialty", as used in Subsection 58-31b-302(4)(g), includes psychiatric mental health nurse specialists and psychiatric mental health nurse practitioners.

(~~[32]~~33) "Practitioner", as used in Sections R156-31b-701 and 701a, means a person authorized by law to prescribe treatment, medication, or medical devices, and who acts within the scope of such authority.

(~~[33]~~34) "RN" means a registered nurse.

(~~[34]~~35) "School", as used in Section R156-31b-701a, means any private or public institution of primary or secondary education, including charter schools, pre-school, kindergarten, and special education programs.

(~~[35]~~36) "Supervision", as used in Sections R156-31b-701 and 701a, means the provision of guidance and review by a licensed nurse for the accomplishment of a nursing task or activity, including the provision for the initial direction of the task, periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome.

(~~[36]~~37) "Supervisory clinical faculty", as used in Section R156-31b-607, means one or more individuals employed by an approved nursing education program who meet the accreditation and Board of Nursing specific requirements to be a faculty member and are responsible for the overall clinical experiences of nursing students and may supervise and coordinate clinical mentors/preceptors who provide the actual direct clinical experience.

(~~[37]~~38) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b, is further defined in Section R156-31b-502.

R156-31b-302c. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Section 58-31b-302, the examination

requirements for graduates of approved nursing programs are as follows.

(a) An applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination.

(b) An applicant for licensure as an APRN shall pass one of the following national certification examinations consistent with the applicant's educational specialty:

(i) one of the following examinations administered by the American Nurses Credentialing Center Certification:

(A) Adult Nurse Practitioner;
(B) Family Nurse Practitioner;
(C) Pediatric Nurse Practitioner;
(D) Gerontological Nurse Practitioner;
(E) Acute Care Nurse Practitioner;
(F) Clinical Specialist in Medical-Surgical Nursing;
(G) Clinical Specialist in Gerontological Nursing;
(H) Clinical Specialist in Adult Psychiatric and Mental Health Nursing;

(I) Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;

(J) Psychiatric and Mental Health Nurse Practitioner (Adult and Family);

(ii) Pediatric Nursing Certification Board;
(iii) American Academy of Nurse Practitioners;
(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;

(v) the Oncology Nursing Certification Corporation Advanced Oncology Certified Nurse if taken on or before July 1, 2005;

(vi) the Advanced Practice Certification for the Clinical Nurse Specialist in Acute and Critical Care; or

(vii) the Advanced Critical Care Examination administered by the American Association of Critical Care Nurses; or

(viii) the national certifying examination administered by the American Midwifery Certification Board, Inc.; or

(ix) the examination of the Council on Certification of Nurse Anesthetists.

(2) In accordance with Section 58-31b-303, an applicant for licensure as an LPN or RN from a non-approved nursing program shall pass the applicable NCLEX examination.

(3)(a) An applicant for certification as an MA-C shall pass the Utah Medication Aide Certification Examination with a score of 75% of greater; and

(b) the certification examination must be taken within six months of completion of the approved training program and cannot be taken more than two times without repeating an approved training program.

R156-31b-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308.

(2) Renewal procedures shall be in accordance with Section R156-1-308.

(3) Each applicant for renewal shall comply with the following continuing competence requirements:

(a) An LPN or RN shall complete one of the following during the two years immediately preceding the application for renewal:

(i) licensed practice for not less than 400 hours;
(ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education;
or

(iii) completion of 30 contact hours of approved continuing education hours.

(b) An APRN shall complete the following:

(i) be currently certified or recertified in their specialty area of practice; or

(ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.

(c) An MA-C shall complete 16 contact hours of approved continuing education related to medications or medication administration during the two years immediately preceding the application for renewal.

R156-31b-801. Medication Aide - Certified - Formulary and Protocols.

In accordance with Subsection 58-31b-102(12) (b) (i), the formulary and protocols for an MA-C to administer routine medications are as follows.

(1) Under the supervision of a licensed nurse as defined in Subsection R156-31b-102(26), an MA-C may:

(a) administer medication:

(i) via approved routes as listed in Subsection 58-31b-102(17) (b);

(ii) that includes turning oxygen on and off at a predetermined, established flow rate; and

(iii) that is prescribed as PRN (as needed), if expressly instructed to do so by the nurse, or the medication is an over-the-counter medication;

(b) destroy medications per facility policy; and

(c) assist a patient with self administration.

(2) An MA-C shall not administer medications via the

following routes:

- (a) central lines;
 - (b) colostomy;
 - (c) intramuscular;
 - (d) subcutaneous;
 - (e) intrathecal;
 - (f) intravenous;
 - (g) nasogastric;
 - (h) nonmetered inhaler;
 - (i) intradermal;
 - (j) urethral;
 - (k) epidural;
 - (l) endotracheal; or
 - (m) gastronomy or jejunostomy tubes.
- (3) An MA-C shall not administer the following kinds of medications:

- (a) barium and other diagnostic contrast;
 - (b) chemotherapeutic agents except oral maintenance chemotherapy;
 - (c) medication pumps including client controlled analgesia; and
 - (d) nitroglycerin paste.
- (4) An MA-C shall not:
- (a) administer any medication which requires nursing assessment or judgment prior to administration, on-going evaluation, or follow-up;
 - (b) receive written or verbal orders;
 - (c) transcribe orders from the medical record;
 - (d) conduct patient or resident assessments or evaluations;
 - (e) engage in patient or resident teaching activities unless expressly instructed to do so by the nurse;
 - (f) calculate drug doses, or administer any medication that requires a medication calculation to determine the appropriate dose;
 - (g) administer the first dose of a new medication or a dosage change, unless expressly instructed to do so by the nurse; and
 - (h) account for controlled substances, unless assisted by another MA-C or a nurse.
- (5) In accordance with Section R156-31b-701, a nurse may refuse to delegate the administration of medications to a specific patient or in a specific situation.
- (6) A nurse shall not supervise more than two MA-Cs per shift.

R156-31b-802. Medication Aide - Certified - Approval of

Training Programs.

In accordance with Subsection 58-31b-601(3), the minimum standards for an MA-C training program to be approved by the Division in collaboration with the Board and the process to obtain approval are established as follows.

(1) All training programs shall be approved by the Division in collaboration with the Board and shall obtain approval prior to implementing the program.

(2) Training programs may be offered by an educational institution, a health care facility, or a health care association.

(3) The program shall consist of a minimum of 60 clock hours of didactic (classroom) training which is consistent with the model curriculum in Section R156-31b-803, and at least 40 hours of practical training within a long-term care facility.

(4) The classroom instructor shall:

(a) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;

(b) be a faculty member of an approved nursing education program, or an approved certified nurse aide (CNA) instructor who has completed the Department of Health's "Train the Trainer" program; and

(c) have at least two years of clinical experience and at least one year of long-term care nursing experience in the past five years.

(5) The on-site practical training experience instructor shall be available at all times during the practical training experience and shall meet the following criteria:

(a) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;

(b)(i) be a faculty member of an approved nursing education program with at least one year of experience in long-term care nursing; or

(ii) be an approved CNA instructor who has completed the Department of Health's "Train the Trainer" program with at least one year of experience in long-term care nursing, and at least three months experience in the specific training facility;

(c) shall not delegate supervisory responsibilities when providing practical experience training to a student;

(d) may not perform any other duties while providing practical experience training and observation to a medication aide student; and

(e) the practical training instructor to student ratio shall be 1:1 in the clinical setting.

(6) An entity desiring to be approved to provide an MA-C training program to qualify a person for certification as a medication aide shall:

(a) submit to the Division an application form prescribed by the Division;

(b) provide evidence of adequate and appropriate trainers and resources to provide the training program including a well-stocked clinical skills lab or the equivalent;

(c) submit a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum in Section R156-31b-803;

(d) document minimal admission requirements including, but not limited to:

(i) an earned high school diploma or successful passage of the general educational development (GED) test;

(ii) current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry, with at least 2,000 hours of experience within the two years prior to application to the training program, working as a certified nurse aide in a long-term care setting; and

(iii) current cardiopulmonary resuscitation (CPR) certification.

R156-31b-803. Medication Aide - Certified - Model Curriculum.

Module 1: Medication Fundamentals, recommend 16 hours classroom instruction and four hours of skills lab.

(1) Objectives - the learner will:

(a) describe the different documents on which medications can be ordered and recorded;

(b) detail the elements of a complete medication order for safe administration;

(c) discuss the various tasks to be performed for medications to be safely stored;

(d) identify conditions necessitating disposal of medications or questioning an incomplete medication order;

(e) state the ways to measure medications;

(f) state the different forms in which medications can be manufactured;

(g) recognize that the same medication may have different names;

(h) identify accepted abbreviations;

(i) recognize the abbreviations that should not be used;

(j) list the different effects medications can cause, locally and systemically;

(k) state the types of information that should be known about a specific medication prior to giving that medication;

(l) list the three safety checks of medication administration;

(m) identify the six rights of medication administration; and

(n) describe basic steps of medication preparation prior to administration.

(2) Content Outline - medication orders, documentation, storage and disposal:

(a) medication prescription or order:

(i) recorded on patient record;

(ii) complete order must be signed, legible, and include the drug name, dose, route, time, and frequency;

(iii) MA-C should not take verbal or telephone orders; and

(iv) questioning an incomplete medication order;

(b) medication documentation system:

(i) documentation of orders onto agency's medication document;

(ii) medication administration record (MAR); and

(iii) controlled substance medication log;

(c) medication storage:

(i) storage area;

(ii) medication room;

(iii) medication cart; and

(iv) medication tray; and

(d) disposal of outdated, contaminated or unused medication.

(3) Content Outline - mathematics, weights and measures:

(a) MA-C does not convert medications dosages; and

(b) systems of measurement:

(i) apothecaries' system;

(ii) metric system;

(iii) common household measures;

(iv) roman numerals - drams or grains;

(v) weight is grain; and

(vi) volume is minim.

(4) Content Outline - forms of medication:

(a) liquid:

(i) aerosol;

(ii) inhalant;

(iii) drops;

(iv) elixir;

(v) spray;

(vi) solution;

(vii) suspension (needs mixing or shaking);

(viii) syrup; and

(ix) tincture; and

(b) solid and semi-solids:

(i) capsules;

(ii) tablet (dissolve);

(iii) scored versus unscored;

(iv) caplets;

- (v) time-released;
- (vi) covered with a special coating (not to be crushed);
- (vii) lozenges (dissolve);
- (viii) ointment;
- (ix) paste;
- (x) powder;
- (xi) cream;
- (xii) lotion; and
- (xiii) linament.
- (5) Content Outline - medication basics:
 - (a) terminology:
 - (i) medication names:
 - (A) generic; and
 - (B) brand or trade name;
 - (b) abbreviations:
 - (i) use standardized abbreviations, acronyms and symbols;
 - and
 - (ii) do not use abbreviations that should no longer be in use;
 - (c) dosage range;
 - (d) actions (how drug causes chemical changes in body);
 - (e) implications for administration (what medical conditions are treated by the drug);
 - (f) therapeutic effects (desired effect);
 - (g) side effects (reaction not part of main effect desired);
 - (h) precautions (anticipate or prepare for conditions that may change effect of drug);
 - (i) contraindications (condition making drug dangerous to use);
 - (j) allergic reactions (life threatening - anaphylaxis);
 - (k) adverse reactions (unpleasant or serious side effects, other than desired);
 - (l) tolerance (body adapts to drug and may be resistant or less effective);
 - (m) interactions:
 - (i) specific administration information such as do not take with grapefruit juice; and
 - (ii) certain classes of medications that should not be prescribed at the same time;
 - (n) additive (synergistic) or antagonist effect;
 - (o) idiosyncratic effect (drug has unusual effect); and
 - (p) paradoxical effect (drug works in opposite way).
- (6) Content Outline - safety and rights of medication administration:
 - (a) three safety checks:
 - (i) when removing the medication package from storage

(drawer or shelf);

(ii) when removing medication from the package or container it is kept in; and

(iii) when returning the package to where it is stored;
and

(b) six rights of medication administration:

(i) right client;

(ii) right drug;

(iii) right dose;

(iv) right route;

(v) right time; and

(vi) right documentation.

(7) Content Outline - preparation and actual medication administration:

(a) wash hands;

(b) review medications that require checking of pulse or blood pressure before administering;

(c) identify the patient;

(d) introduce yourself;

(e) explain what you are going to do;

(f) glove if necessary;

(g) position the client;

(h) do what you explained;

(i) wash your hands;

(j) special considerations; and

(k) document.

Module 2: Safety, recommend six hours of classroom instruction and one hour of skills lab.

(1) Objectives - the learner will:

(a) identify information needed about the patient and the medication prior to medication administration;

(b) identify common causes of medication errors; and

(c) state what steps should be taken when a medication error occurs.

(2) Content Outline - prevention of medication errors:

(a) know the following before administering medications:

(i) name, generic and trade;

(ii) purpose;

(iii) effect;

(iv) length of time to take effect;

(v) side effects;

(vi) adverse effects;

(vii) interactions;

(viii) special instructions; and

(ix) where to get help.

(3) Content Outline - causes and reporting of medication errors:

- (a) failure to follow prescriber's orders exactly;
- (b) failure to follow manufacturer's specifications or directions for use;
- (c) failure to follow accepted standards for medication administration;
- (d) failure to listen to a patient's or family's concerns;
- (e) notify the agency's nurse, supervisor, pharmacist, physician or other prescriber, according to the agency policy; and
- (f) complete a medication error or incident report.

Module 3: Communication and documentation, recommend six hours of classroom instruction and two hours of skills lab:

- (1) Objectives - the learner will:
 - (a) discuss building relationships (review from CNA training);
 - (b) state when the nurse must be notified of a change in the patient's normal condition;
 - (c) discuss when the nurse should be notified about vital sign changes;
 - (d) state when the nurse should be notified of a patient's pain;
 - (e) identify other alterations or conditions that should be reported to the nurse;
 - (f) state documentation requirements for medication administration; and
 - (g) explain the responsibilities of the delegating nurse when delegating medication administration to the MA-C.
- (2) Content Outline - building relationships:
 - (a) review the communication process;
 - (b) review barriers to effective listening and communication;
 - (c) setting boundaries; and
 - (d) review team building.
- (3) Content Outline - reporting of symptoms or side effects:
 - (a) observe, monitor and report any change that is different from the patient's normal condition;
 - (b) notify the nurse as soon as possible with as much information as available; and
 - (c) record changes.
- (4) Content Outline - report any change from the patient's normal condition:
 - (a) temperature;
 - (b) pulse;
 - (c) respirations;
 - (d) blood pressure;
 - (e) observe and report complaints of pain; and

(f) other changes in condition such as urinary output, mental status, and activity.

(5) Content Outline - documentation of medication administration:

(a) identifying initials and time on the medication administration record (MAR);

(b) circle and document the reasons that a patient may not take a medication; and

(c) prn medication, delegated by the licensed nurse, per facility or agency policy.

(6) Content Outline - role of the delegating nurse:

(a) the nurse must determine the level of supervision, monitoring and accessibility he must provide for nursing assistive personnel;

(b) the nurse continues to have responsibility for the overall nursing care;

(c) to delegate effectively, nurses need to be able to rely on nursing assistive personnel's credentials and job descriptions, especially for a first time assignment;

(d) nursing administration has the responsibility for validating credentials and qualifications of employees;

(e) both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues; and

(f) trust is central to the working relationships between nurses and assistive personnel; good relationships have two-way communication, initiative, appreciation, and willingness to help each other.

Module 4 - Medication administration, recommend 18 hours of classroom instruction and two hours of skills lab:

(1) Objectives - the learner will:

(a) identify common methods of medication administration;

(b) identify factors that may affect how the body uses medication; and

(c) identify the classifications of medications, state common effects of medications on the body, and identify resource materials and professionals to contact for clarification of medication questions.

(2) Content Outline - routes of administration:

(a) oral;

(b) buccal;

(c) sublingual;

(d) inhaler (metered dose);

(e) nebulizer;

(f) nasal;

(g) eye (ophthalmic);

(h) ear (otic);

- (i) topical;
- (j) dressings;
- (k) soaks;
- (l) transdermal such as patches; and
- (m) suppositories, rectal and vaginal.
- (3) Content Outline - factors affecting how the body uses medication:
 - (a) age;
 - (b) size;
 - (c) family traits;
 - (d) diet;
 - (e) disease;
 - (f) psychological issues;
 - (g) gender and basic metabolic rate; and
 - (h) dosage.
- (4) Content Outline - classes of medications related to body systems and common actions:
 - (a) antimicrobials control or prevent growth of bacteria, fungus, virus or other microorganisms;
 - (b) cardiovascular:
 - (i) corrects an irregular, fast or slow heart rate;
 - (ii) prevents blood from clotting; and
 - (iii) lowers blood pressure;
 - (c) dermatological:
 - (i) antiinfective; and
 - (ii) anti-inflammatory;
 - (d) endocrine:
 - (i) antidiabetic;
 - (ii) reduces inflammation; and
 - (iii) hormones;
 - (e) gastrointestinal:
 - (i) promotes bowel movements;
 - (ii) antacids;
 - (iii) antidiarrheal; and
 - (iv) reduces gastric acid;
 - (f) musculoskeletal relaxes muscles;
 - (g) neurological:
 - (i) prevents seizures;
 - (ii) relieves pain;
 - (iii) lowers body temperature;
 - (iv) anti-parkinsonian;
 - (v) antidepressants;
 - (vi) promotes sleep;
 - (vii) relieves anxiety;
 - (viii) antipsychotics; and
 - (ix) mood stabilizer;
 - (h) nutrients, vitamins, and minerals replace chemicals

missing or low in the body;

(i) respiratory;

(i) decreases mucus production;

(ii) bronchodilation;

(iii) cough depressant or expectorant; and

(iv) decongestant;

(j) sensory:

(i) antiglaucoma;

(ii) artificial tears; and

(iii) earwax emulsifiers; and

(k) urinary increases water loss through kidneys.

(5) Content Outline - location of resources and

references:

(a) nurse;

(b) pharmacist;

(c) physician;

(d) package or drug insert; and

(e) drug reference manuals.

Module 5 - Ethical and Legal, recommend four hours
classroom instruction and one hour skills lab:

(1) Objectives - the learner will:

(a) identify when a delegated task should or should not be
performed by the MA-C;

(b) recognize when and how to report errors;

(c) recognize what should be reported to the licensed
nurse;

(d) distinguish between the tasks an MA-C can and cannot
accept;

(e) define redelegation;

(f) identify skills that enhance the delegation process;

(g) describe the rights of the client;

(h) discuss the types of abuse that must be reported;

(i) describe examples of the types of legal problems that
can occur;

(j) list the three steps to take before medication is safe
to give; and

(k) recognize the numerous rights that must be followed
before and after medication is administered.

(2) Content Outline - role of the MA-C:

(a) MA-C may perform a task involving administration of
medications if:

(i) MA-C's assignment is to administer medications under
the supervision of a licensed nurse in accordance with
provisions of the Nurse Practice Act and Rule; and

(ii) the delegation is not prohibited by any provision of
this act and rule;

(b) role of the MA-C includes medication administration as

a delegated nursing function under nursing supervision. The following shall not be delegated to an MA-C:

(i) conversion or calculation of medication dosage;
(ii) assessment of patient need for or response to medications;
(iii) nursing judgment regarding the administration of PRN medications; or

(iv) medications to be given via parenteral routes and through nasogastric, gastrostomy, or jejunostomy routes;

(c) MA-C shall not perform a task involving the administration of medications if:

(i) the medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;

(ii) the supervising nurse is unavailable to monitor the progress of the patient and the effect of the medication on the patient; or

(iii) the patient is not stable or has changing needs;

(d) any MA-C who has any reason to believe that he has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error; and

(e) medication administration policies:

(i) MA-C shall report to the supervising nurse:

(A) signs or symptoms that appear life-threatening;

(B) events that appear health-threatening; and

(C) medications that produce no results or undesirable effects as reported by the patient;

(ii) a licensed nurse shall supervise an MA-C; and

(iii) a licensed nurse shall review periodically the following:

(A) authorized provider orders; and

(B) patient medication records.

(3) Content Outline - the responsibility of the MA-C when accepting delegation tasks:

(a) the MA-C has the responsibility not to accept a delegation that he knows is beyond his knowledge and skills;

(b) delegation is patient specific; having done a task for one patient does not automatically mean assistive personnel can do the task for all patients, additionally, delegation is also situation specific, doing a task for one patient in one situation does not mean the nursing assistive personnel may perform that task for this patient in all situations;

(c) a task delegated to assistive personnel cannot be redelegated by the nursing assistive personnel;

(d) the MA-C is expected to speak up and ask for training

and assistance in performing the delegation, or request not to be delegated a particular task, function, or activity; and

(e) both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.

(4) Content Outline - rights of individuals:

(a) maintain confidentiality;

(b) respect patient's rights;

(c) respect patient's privacy;

(d) respect patient's individuality and autonomy;

(e) communicate respectfully;

(f) respect patient's wishes whenever possible;

(g) right to refuse medication; and

(h) right to be informed.

(5) Content Outline - specific legal and ethical issues:

(a) abuse or neglect:

(i) identify types of abuse:

(A) physical;

(B) verbal;

(C) psychological;

(D) sexual; and

(E) financial;

(ii) preventive measures; and

(iii) duty to report;

(b) exposure to medical malpractice, negligence claims, or lawsuits;

(c) fraud;

(d) theft; and

(e) diversion.

(6) Content Outline - safety and rights of medication administration:

(a) review the three safety checks; and

(b) review the six rights of medication administration.

Module 6 - Practicum:

(1) Objective - the learner will demonstrate safe administration of medications to patients in a clinical setting.

(2) Content Outline - forty hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration, and gradually, the instructor increases the number of patients to whom the student administers medications.

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